Work Order ID 67226

Friday, March 11, 2011 2:25:27 PM

Please ASAP.

Item ID: D3752-1 **Accept** **Setup** **Start** / **Stop**

Revision ID:

Item Name: Seat Frame

Start Date: 3/14/2011 **Start Qty:** ~~2.00~~ 4.0 **Cust Item ID:**

Required Date: 3/14/2011 **Req'd Qty:** ~~2.00~~ 4.0 **Customer:**

Reference:

Approvals: **Process Plan:** MF **Date:** 11-03-11 **Tooling:** ______ **Date:** ______ **Run** **Start** / **Stop**

QC: ______ **Date:** ______ **SPC (Y/N):** ______ **Date:** ______

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
100 HandThermo Hand Finishing Thermoforming	Memo: Cut sheet to required size	0.00 / 0.00				x5			Dh. 11/03/15
105 HandThermo Hand Finishing Thermoforming	Dry Material. Memo: Dry Sheet as per QS1022 POLYCARBONATE. Temp: 240° F. Time IN: 4:00 pm 11/03/14. Time OUT: 7:00 am 11/03/15	0.00 / 0.00				x5			Dh. 11/03/15

Draw Nbr	Revision Nbr
D3752	Rev C

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________ PAR #: ______ Fault Category: ____________ NCR: Yes No DQA: _____ Date: ________

Resolution: ____________ Disposition: ____________ QA: N/C Closed: ________ Date: ________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 67226

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Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 Thermoform Thermoforming Machine	**Memo** Thermoform as per Dwg. D3752 and folio (FTA022) using tool DT 8997 Dwg. Rev. C Folio Rev. C	0.00 0.00				x5			Dh 11/03/15
120 QC Quality Control	QC2- Inspect parts off machine FAI/FAIB **Memo**	0.00 0.00				x5			Dh 11/03/15
130 QC Quality Control	QC8- Inspect parts - second check **Memo**	0.00 0.00	Dul 03/15			(5)			

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 67226

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Revision ID:

Item Name: Seat Frame

Start Date: 3/14/2011 **Start Qty:** 2.00

Required Date: 3/14/2011 **Req'd Qty:** 2.00

Reference:

Cust Item ID:

Customer:

Setup Start / Stop

Run Start / Stop

Approvals: **Process Plan:** ______ **Date:** ______ **Tooling:** ______ **Date:** ______

QC: ______ **Date:** ______ **SPC (Y/N):** ______ **Date:** ______

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140		0.00							
HandThermo	**Memo**	0.00				x5			[signature] 11/03/15
Hand Finishing Thermoforming	1) Trim to Finished Dimensions								
150	QC2- Inspect parts off machine FAI/FAIB	0.00							
QC	**Memo**	0.00				x5			[signature] 11/03/15
Quality Control									
160	QC5- Inspect part completeness to step on W/O	0.00							
QC	**Memo**	0.00				x5			
Quality Control									

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
			Corrective Action Section B					
DATE	STEP	Description of NC Section A	Initial Chief Eng	Action Description Chief Eng	Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector

NOTE: Date & initial all entries

Work Order ID 67226

Friday, March 11, 2011 2:25:27 PM

Item ID: D3752-1 **Accept** **Setup** **Start**

Revision ID: **Stop**

Item Name: Seat Frame

Start Date: 3/14/2011 **Start Qty:** 2.00 **Cust Item ID:**

Required Date: 3/14/2011 **Req'd Qty:** 2.00 **Customer:**

Reference:

Run **Start**

Approvals: **Process Plan:** ____ **Date:** ____ **Tooling:** ____ **Date:** ____

QC: ____ **Date:** ____ **SPC (Y/N):** ____ **Date:** ____ **Stop**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 Packaging Packaging	Identify as per dwg & Stock Location 251A	0.00					11/3/15		(52)
	Memo	0.00							
180 QC Quality Control	QC21- Final Inspection - Work Order Release	0.00						11/3/16	
	Memo	0.00							

MF 11-03-15

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ PAR #: _______ Fault Category: __________________ NCR: Yes No DQA: _____ Date: _________

Resolution: ____________________ Disposition: ____________________ QA: N/C Closed: __________ Date: _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Friday, March 11, 2011 2:25:23 PM

Work Order ID: 67226

Parent Item: D3752-1

Parent Item Name: Seat Frame

Start Date: 3/14/2011 **Required Date:** 3/14/2011

Start Qty: 2.00 **Required Qty:** 2.00

Comments: IPP REV: A New Issue 08.06.03 DL verified by:DD
IPP Rev. B Dwg. Update 08/07/22 DL IPP Rev. C
Dwg. Update Shorter length 08/10/28 DL IPP Rev D Add Step 105
Dry Material 10/04/21 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	3,287.678	10.667	21.334		Dh. 11/03/15	

Location		Loc Qty	Loc Code
MAT		3287.6788	
	115261	886.6788	
	116236	2401	

53.334 sq ft.

112585

21.335
2.5
53.3375
42.670
58.8375

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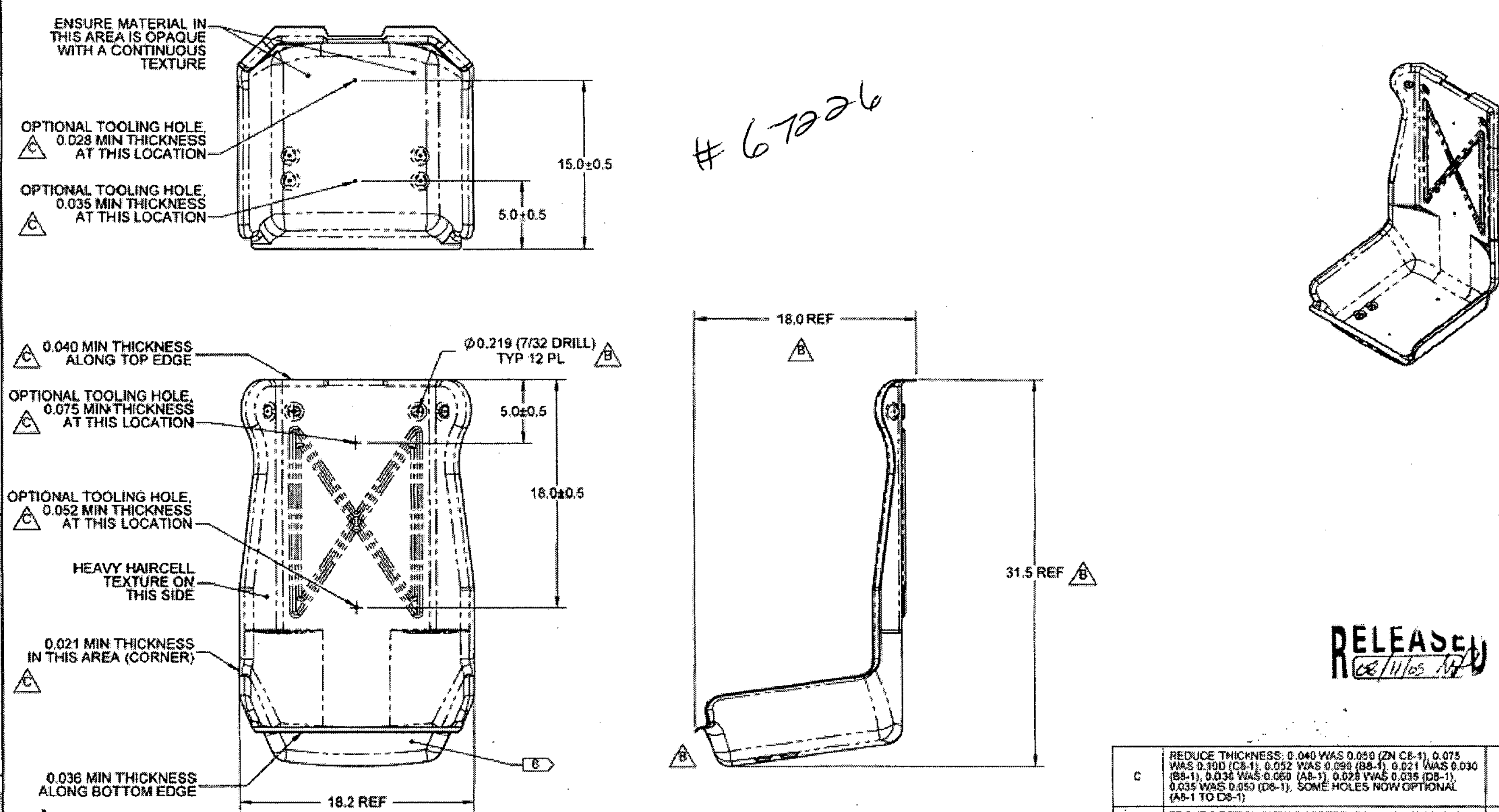
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________ **PAR #:** ______ **Fault Category:** ____________ **NCR:** Yes No **DQA:** _____ **Date:** ________

Resolution: ____________ **Disposition:** ____________ **QA: N/C Closed:** ________ **Date:** ________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
			Corrective Action Section B					
DATE	STEP	Description of NC Section A	Initial Chief Eng	Action Description Chief Eng	Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector

NOTE: Date & initial all entries



D3752-1 SEAT FRAME

NOTES:
1) MATERIAL: F60029 LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, GY3778 COLOR (DARK GREY) (REF DART SPEC. MLEXS.125-F60029-04).
2) FINISH: NONE
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3752-1" & B/N "BXXXXX" USING VIBRATING STYLUS
7) WEIGHT: 3.0 lbs
8) THERMOFORM PER DT8997 AND QSI 022. ORIENT TEXTURE AS SHOWN. TRIM TO MOLD.

REV.	DESCRIPTION	BY	DATE
C	REDUCE THICKNESS: 0.040 WAS 0.050 (ZN C8-1), 0.075 WAS 0.100 (C8-1), 0.052 WAS 0.090 (B8-1), 0.021 WAS 0.030 (B8-1), 0.036 WAS 0.060 (A8-1), 0.028 WAS 0.035 (D8-1), 0.035 WAS 0.050 (D8-1), SOME HOLES NOW OPTIONAL (A8-1 TO D8-1)	CP	08.10.08
B	FRONT PORTION NOW SHORTER (B5-1), 18.0 WAS 19.6 (C4-1), 31.5 WAS 30.3 (B3-1), ADD 4 HOLES FOR THICKNESS MEASUREMENT (D8-1, B8-1)	CP	08.09.09
A	NEW ISSUE	CP	08.04.25

DESIGN		DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN		
CHECKED		DRAWING NO. D3752 — REV. C — SHEET 1 OF 1
MFG. APPR.		
APPROVED		TITLE: SEAT FRAME — SCALE: NTS
DE APPR.		
DATE	08.10.08	

Dart Aerospace Ltd

W/O:	WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:	WORK ORDER NON-CONFORMANCE (NCR)							
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD	Work Order:	67226
Description: Seat Frame	Part Number:	D3752-1
Inspection Dwg: D3752 Rev: C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

[X] First Article [ ] Prototype

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Shape Definition	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			
Edges and corners such as thinness, cracks and sharp edges	✓			

Measured by:	Dh	Date:	11/03/15

TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.028	Min	0.043'	✓		ULTRA	
0.035	Min	0.058"	✓		ULTRA	
0.040	Min	0.081"	✓		ULTRA	
0.075	Min	0.107"	✓		ULTRA	
0.052	Min	0.087"	✓		ULTRA	
0.021	Min	0.058"	✓		ULTRA	
0.036	Min	0.068"	✓		ULTRA	

Measured by:	Dh	Date:	11/03/15
Audited by:	S	Date:	11/03/15
Prototype Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	08.11.28	New Issue	KJ/DL	

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: ____________________ **PAR #:** _______ **Fault Category:** __________________ **NCR:** Yes No **DQA:** _____ **Date:** _________

Resolution: ____________________ **Disposition:** ____________________ **QA: N/C Closed:** __________ **Date:** _________

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE